

July 18, 2011

# Montana Health Care Programs Notice

## All Providers

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### **Reimbursement Change for Covered Ancillary Services Provided to Youth in a Psychiatric Residential Treatment Facility (PRTF) and Additional Ancillary Services Are Covered**

**Effective immediately**, additional ancillary services are covered for youth in a PRTF. Also effective immediately, all ancillary services youth receive in a PRTF must be sent to and reimbursed by the PRTF and not the Montana Medicaid program. Montana Medicaid does reimburse for ancillary services the youth receives on the day of admission to and discharge from the PRTF. This applies to both in and out-of-state PRTFs enrolled in the Montana Medicaid program. PRTFs are reimbursed by Montana Medicaid through a bundled rate to include all psychiatric, medical, and ancillary services to meet the youth's psychiatric and physical health care needs.

Covered ancillary services are defined in Administrative Rules of Montana (ARM) 37.87.1222 as: ambulatory surgical center; audiologist; care coordination; chiropractor; dentist, denturist, and orthodontist; durable medical equipment; emergency room services not related to the youth's psychiatric condition; eyeglasses; federally qualified health center; hearing provider and hearing aides; Indian health services for enrolled tribal members; lab and pharmacy services not related to the youth's psychiatric condition; licensed addiction counselor; medical transportation and ambulance services; MRI, or other diagnostic services; nutritionist; optometrist and ophthalmologist; outpatient hospital services not related to the youth's psychiatric condition; pharmacy for post-discharge medication; physical and speech therapist; physician, psychiatrist, and mid-level practitioner; podiatrist; public health clinic; respiratory therapist; rural health clinic; any other Medicaid service approved by the Department to address the youth's plan of care needs in the facility.

Care coordination is a new ancillary service with limited coverage for youth in a PRTF. See the definition of care coordination in ARM 37.87.1202 and the limits in ARM 37.87.1222.

Currently, family planning services are not a covered ancillary service for youth in a PRTF.

Medicaid prior authorization requirements do not apply to ancillary services when provided to youth in a PRTF. Third party liability requirements do apply for PRTF and ancillary services.

For more information, see Montana Administrative Register (MAR) [Notice 37-533](#) or contact Diane White, Clinical Program Officer, Children's Mental Health Bureau, P.O. Box 4210, Helena, MT 59604-4210, (406) 444-1535, [dwhite@mt.gov](mailto:dwhite@mt.gov).

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://medicaidprovider.hhs.mt.gov>**